



Arizona Early Intervention Program (AzEIP)

Billing Manual

Team-Based Early Intervention Services

Effective for Contracts awarded after September 1, 2012 and for all DES/AzEIP Early Intervention Contracts and Agreements after the implementation of I-TEAMS, AzEIP's automated system.

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ADES Mission Statement

The Arizona Department of Economic Security (ADES) promotes the safety, well-being, and self sufficiency of children, adults, and families.

AzEIP Mission Statement

(adopted from the work of the OSEP Community of Practice – Part C Settings)

Early Intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

AzEIP Principles

(adopted from the work of the OSEP Community of Practice – Part C Settings)

- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- All families, with the necessary supports and resources, can enhance their children's learning and development.
- The primary role of the service provider in early intervention is to work with and support family members and caregivers in children's lives.
- The early intervention process, from initial contact to transition, must be dynamic and individualized to reflect the child's and family's preferences, learning styles, and cultural beliefs.
- IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
- The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
- Interventions with young children and family members must be based on explicit principles, validated practices, best available research and laws and regulations.

CHAPTER 1 GENERAL OVERVIEW

This Early Intervention Services Billing Manual contains important details regarding proper billing procedures, including definitions and information regarding the billing codes, modifiers and the appropriate use of each.

Elements that Determine the Amount Paid for Each Service

The Team-Based Early Intervention Contracts procure early intervention services, as defined by Part C of the Individuals with Disabilities Education Act (IDEA) that can be provided by the following disciplines:

- Occupational Therapist (OT)
- Physical Therapist (PT)
- Speech-Language Pathologist (SLP)
- Developmental Special Instructionist (DSI)
- Service Coordinator (SC)
- Psychologist (PSYCH)
- Social Worker (SW)

Each Team-Based Early Intervention contracted region is defined by zip codes. Each zip code is assigned one of four tier designations (i.e. Base, Tier 1, Tier 2, or Tier 3.) Each Tier Designation is assigned a rate, by discipline or group of disciplines, which is identified in the Team-Based Early Intervention contract.

The contract specifies a “natural” and “clinic” rate for each discipline or group of disciplines, by tier designation (i.e. Base, Tier 1, Tier 2, or Tier 3.)

The Contractor shall bill for each service, by discipline, using the appropriate setting modifier (natural or clinic), at the rate for the zip code in which the service is provided. Therefore, if an early intervention service is provided in a child care center located in a zip code that is different than the family’s residence or the contractor’s office, the Contractor will bill for the service at the rate established for the zip code in which the child care center is located.

The Contractor will use modifiers, which provide specificity for each discipline-specific rate. Some modifiers have the effect of increasing or decreasing the discipline rate, while others do not. The rate resulting from modifiers that affect the discipline-specific rate, such as multiple children or education level, are identified in the Team-Based Early Intervention contract.

Service Authorization

The Individualized Family Service Plan (IFSP) team is the authorizing body for determining the service type, frequency, intensity, and duration, and start and end date necessary to support the family and child in achieving the identified outcomes. Therefore, the IFSP services provided must be documented on the IFSP services page. Apart from early intervention services authorized by the IFSP team and documented on the IFSP, DES/AzEIP has set forth maximum units available for:

- The initial planning process, delineated in Chapter 5,
- Team Lead Non-Direct, delineated in the modifier description for Non-Direct [N], and

- Team Conferencing, delineated in the modifier description for Team Conferencing [TC], and in Chapter 6.

Documentation

All Services are subject to state and federal audit. All disciplines are required to complete documentation in accordance with applicable State and Federal law, licensing regulations, and AzEIP policies and procedures.

Timely Submission of Billing Invoices

Billing shall be submitted by or on the 15th of the month or the next business day following the month in which the service was provided, unless insurance payment is pending.

Complete, accurate and error-free invoices for all services for which the Contractor intends to bill DES must be submitted within eight months of the month of service. DES has ten business days to review an invoice. If DES identifies errors in the billing, the errors must be corrected and resubmitted within two weeks of the date of the DES notification; however, this does not extend the eight-month timeline; therefore, it is in the Contractor's best interest to submit bills well in advance of the eight-month timeline. Any contractor not able to submit a complete, accurate and error-free invoice within this timeframe must obtain permission from DES/AzEIP for an extension of time to submit. Failure to remit within established timeframes may result, at the option of the Department, in the retention or forfeiture of such payment.

If, with parental consent, a service is billed to the responsible person/child's insurance, the Contractor shall wait until the insurance claim is paid or denied before billing DES. If a claim for insurance payment is pending at the time the Contractor prepares its invoice to meet the eight-month deadline described above, the Contractor will submit the service for payment by the Department and notify DES/AzEIP of each service, by child and date, for which an insurance claim is pending. If insurance payment is received after the service is billed to DES/AzEIP, the bill to DES/AzEIP and, if relevant, the Department payment to the Contractor must be corrected.

The Contractor shall submit to the DES/AzEIP a final invoice no later than nine months following the termination of this contract. Failure to submit the final invoice within the above time period may result, at the option of the Department, in forfeiture of final payment.

CHAPTER 2

Third Party Billing/Use of Public or Private Insurance

AzEIP agencies and programs must ensure all funding sources (private insurance, Medicaid/Arizona Healthcare Cost Containment System (AHCCCS), including the Comprehensive Medical and Dental Program (CMDP)) are accessed before Part C funding is used as a funding source. However, parents must be fully informed of these potential costs to them, and they must provide consent prior to an agency or program attempts to access their private or public insurance.

If the child is eligible for AHCCCS, including CMDP, the Contractor must follow the revised AHCCCS/AzEIP procedures. If the services requested through the AHCCCS Health Plan have not been approved or denied prior to the planned start date for the early intervention service on the IFSP, or if the service will not start on the planned start date determined by the IFSP team, the service can be billed to AzEIP until the approval or denial from the health plan is received. Once approval is obtained the costs must shift to AHCCCS Health Plans.

The AzEIP consent to use public and/or private insurance must be in the child's file to document a parent's informed consent before their private/public health insurance is accessed for payment of AzEIP services.

Billing for Services Potentially Covered by TPL (Third Party Liability) when parents have provided consent:

- If the family has a deductible, the Contractor will bill the insurance company for the service and, when denied, bill DES/AzEIP until the deductible is met. Under Family Cost Participation, the family's percent to pay will be applied to the amount paid by DES/AzEIP, the DES/Division of Developmental Disabilities (DDD) or the Arizona State Schools for the Deaf and the Blind (ASDB), including the amount paid until the deductible is met.
- If the family has co-pay and the insurance company reimburses the Contractor less than the DES/AzEIP contracted rate, the Contractor may bill DES/AzEIP the difference between the DES/AzEIP Contracted Rate and the Insurance Payment, and any co-pay collected. The Contractor should not collect the co-pay unless required to do so by the Contractor's agreement with the Health Plan. If a co-pay is collected, the amount collected shall be added to the insurance payment, before billing DES.
 - For Example:
 - The insurance company pays \$60.00 for one unit of speech therapy in the natural environment and the family has a \$10.00 co-pay.
 - The contracted DES/AzEIP rate for the service is \$80.88.
 - The Contractor can bill DES/AzEIP the difference between the DES/AzEIP contracted rate and the amount paid by insurance, which would be \$20.88 ($\$80.88 - \$60.00 = \20.88).
 - If the Contractor's agreement with the Health Plan requires the contractor to collect the co-pay, the Contractor would add the co-pay amount to the amount paid by insurance, and bill DES/AzEIP for the difference. Therefore, the Contractor could bill DES/AzEIP \$10.88 ($\$80.88 - (\$60.00 + \$10.00) = \10.88).
- Under Family Cost Participation, the family's percent to pay will be applied to the amount paid by DES/AzEIP, DDD or ASDB, including the amount paid until the deductible is met, or the difference between insurance payment and the DES/AzEIP contracted rate.
- If the public insurance payment is less than the DES contracted rate, the Contractor must accept the public insurance payment as payment in full.

CHAPTER 3 DISCIPLINE-SPECIFIC BILLING CODES

The Team-Based Early Intervention Contracts procure early intervention services, as defined by Part C of the IDEA that can be provided by the following disciplines:

- Occupational Therapist (OT)
- Physical Therapist (PT)
- Speech-Language Pathologist (SLP)
- Developmental Special Instructionist (DSI)
- Service Coordinator (SC)
- Psychologist (Psych)
- Social Worker (SW)

Each discipline is assigned a five-digit numeric billing code, which is used to bill any allowable service provided by a qualified person of that discipline. Table A and Table B below identify the billing code for each discipline included in the Team-Based Early Intervention Contracts, and describes other pertinent information, such as qualifications, service unit definitions, etc.

TABLE A: CORE TEAM, PSYCHOLOGY AND SOCIAL WORK

Billing Codes	Discipline
97530	Occupational therapist (OT)
97110	Physical therapist (PT)
92507	Speech-language pathologist (SLP)
S9445	Developmental Special Instructionist (DSI)
T1027	Social Worker (SW)
99999	Psychologist (PSYCH)
Provider Qualifications	The services under this contract must be provided by qualified personnel in accordance with the AzEIP Comprehensive System of Professional Development Policy, Chapter 6, and appropriate state licensure, when required.
Definition	See Appendix A.
Service Unit	1 hour, billable in 15 minute increments.
Rate	See Appendix B.
Service Authorization	The Initial Planning Process, or the child's IFSP. IFSP services must start within 45 days of parental consent, or on or before the IFSP's Planned Start Date, if that date is greater than 45 days.

Documentation	In the child's records and as required by the professional's licensure and scope of practice, if relevant.
Rules	<p>All billing codes must have a natural or clinic modifier.</p> <p>The Contractor may <u>not</u> bill for travel time for these billing codes.</p> <p>The Contractor may <u>not</u> bill for no-shows.</p> <p>Unless a modifier is selected to change the default, all discipline-specific billing codes assume:</p> <ul style="list-style-type: none"> • the service of that discipline (i.e. physical therapist provides physical therapy). • Direct, meaning that the services were provided to the family in-person. • Single/individual child

TABLE B: SERVICE COORDINATION (Dedicated)

Billing Code	Discipline
T1016	Service Coordination (SC) - dedicated
Provider Qualifications	The services under this contract must be provided by qualified personnel in accordance with the AzEIP Comprehensive System of Professional Development Policy, Chapter 6, and appropriate state licensure, when required.
Definition	<p>A service coordinator who does not act in any other team capacity. See Appendix A for the definition of Service Coordination. A <u>dedicated service coordinator</u> may bill travel time when providing service coordination functions directly <u>with</u> the family, such as facilitating an IFSP meeting.</p> <p>Billable service coordination activities are identified in the contract and include:</p> <ul style="list-style-type: none"> ❖ coordinating the process of evaluations and assessments to determine initial and on-going eligibility ❖ participating in the development of the initial IFSP; ❖ facilitating 6-month reviews and annual Individualized Family Service Plans; ❖ assisting families in identifying and accessing available agency

	<p>and community supports and services;</p> <ul style="list-style-type: none"> ❖ facilitating the development of a transition plan for preschool services, if appropriate.
Service Unit	1 hour, billable in 15 minute increments.
Rate	See Appendix B.
Service Authorization	The Initial Planning Process, or the child's IFSP. IFSP services must start within 45 days of parental consent, or on or before the IFSP's Planned Start Date, if that date is greater than 45 days.
Documentation	The AzEIP Service Coordination log must be completed for each contact and/or activity the service coordinator conducts directly or not directly with the family, including time spent on each activity.
Rules	<p>Service coordination cannot use the natural (home or community) or clinic modifier.</p> <p>The Contractor <u>may</u> bill for travel time for this billing codes.</p> <p>The Contractor may <u>not</u> bill for no-shows.</p>

CHAPTER 4 MODIFIERS

Modifiers provide specificity, (e.g. setting, function, service, and/or qualifications) to the discipline-specific billing code. Some modifiers have the effect of increasing or decreasing the discipline rate, while others do not. The rate resulting from modifiers that affect the discipline-specific rate, such as multiple children or education level, are identified in the Team-Based Early Intervention contract.

SECTION 1: IFSP “INTENSITY” MODIFIERS

Modifier	[UN]	MULTIPLE ELIGIBLE CHILDREN 2
	[UP]	MULTIPLE ELIGIBLE CHILDREN 3
Definition	These modifiers apply when the service is provided to more than one eligible child, such as when two eligible children (i.e. twins, siblings or children in foster care) are in the same home or care giving setting.	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW	
Impact to Discipline-Specific Rate	Modifier does affect the discipline-specific rate.	
Service Authorization	On the IFSP, under “intensity.”	
Service Limitation	This is not intended to support playgroups for children with disabilities, and/or early intervention services in other than natural environment.	
Rules	All billing codes assume service to a single/individual eligible child and their family unless one of the group size modifiers is selected.	

SECTION 2: IFSP “METHOD” MODIFIERS

Modifier	[TL]	TEAM-LEAD
Definition	See Appendix A.	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW	
Impact to Discipline-Specific Rate	Modifier does not affect the discipline-specific rate.	
Service Authorization	TL is documented on the IFSP under “method.”	
Service Limitation	Other IFSP team members who are not the Team Lead may not bill	

	for non-direct time.
Rules	Each family will have one designated Team Lead. The designated Team Lead shall bill using (a) the billing code for his\her specific discipline (i.e. /Physical Therapy, Developmental Special Instruction, etc.) and (b) the Team Lead modifier.

Modifier	[TC]	TEAM-CONFERENCING
Definition	See Appendix A.	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW, SC	
Impact to Discipline-Specific Rate	Modifier does not affect the discipline-specific rate.	
Service Authorization	<p>TC is documented on the IFSP under “method.”</p> <p>Contract requirement for quarterly review; sharing information amongst and coaching team members.</p>	
Service Limitation	<ul style="list-style-type: none"> Each core team discipline, the family’s designated service coordinator, and, if a member of the family’s IFSP team, the psychologist and social worker may bill up to a maximum of .75 units (45 minutes) per quarter (i.e., .25 unit per month) for team conferencing for a child/family. Therefore, the Contractor may bill up to 5.25 units per quarter (i.e., 1.75 units per month) across the four core team disciplines, psychology, social work and service coordination for each eligible child If needed, a Contractor may request DES/AzEIP’s prior written approval to exceed the .75 unit limit. Teams that have more than one individual of the same discipline (to provide the needed FTE or due to team expansion) shall only bill team conferencing for the time of <u>one</u> individual/discipline per child. 	
Documentation	Child record.	
Rules	<ol style="list-style-type: none"> Team conferencing will be billed using (a) the specific billing codes for OT, PT, SLP, DSI, Psychology, Social Work and Service Coordination, and (b) the team conferencing modifier. Billing must adhere to the service limitations described above. Billing for team conferencing quarterly reviews for each child must align with the <u>calendar quarters</u> (January-March, April-June, July-September, and October-December). Unless otherwise directed, the Contractor is not required to bill public or private insurance for the team conferencing units. 	

Modifier	[ND]	NON-DIRECT
Definition		<p>Allowable activities by the Team Lead or the Service Coordinator when the Team Lead or the Service Coordinator is working on behalf of a family, but not in direct contact.</p> <p>Examples of allowable Team Lead non-direct activities are:</p> <ul style="list-style-type: none"> • Synthesizing progress on IFSP across all IFSP team members resulting in a single quarterly report. • Communication with health care, child care or educational providers with whom the family is involved, for the purpose of gathering information to inform the IFSP team or sharing information to support the child in the other settings. • Ordering Assistive Technology equipment or other devices to assist the family in achieving an outcome. <p>Examples of allowable service coordinator non-direct activities are:</p> <ul style="list-style-type: none"> • assisting the family in accessing community resources, • identifying non-contractor services per IFSP, and • contacting and coordinating with programs that the family may be interested when the child turns three.
Discipline(s) that can use Modifier		<p>The designated Team Lead (OT, PT, SLP, DSI, PSYCH, SW) and the Service Coordinator are the only professionals under this contract who can bill for time working on behalf of the family, and not in direct contact with the family. Core team member who are not the designated team lead for a family, or the designated service coordinator may not bill for non-direct time.</p>
Impact to Discipline-Specific Rate		<p>Modifier does not affect the discipline-specific rate.</p>
Service Authorization		<p>SC is provided during the IPP, as delineated in Chapter 5.</p> <p>TL and SC is documented on the IFSP.</p>
Service Limitation		<p>The Team Lead may bill a maximum of <u>one</u> additional unit per month for team lead activities on behalf of a family and child, but not in direct contact with the family and child. This additional team lead unit shall be billed at the clinic rate, since it does not require direct work with the family and child.</p> <p>Other IFSP team members who are not the Team Lead or the Service</p>

	Coordinator may not bill for non-direct time.
Rules	<p>For Team Lead, the Non-Direct Modifier must be used with the clinic modifier.</p> <p>Unless otherwise directed by DES/AzEIP, the contractor is NOT expected to bill public or private insurance for Team Lead Non-Direct.</p>

SECTION 3: ACTIVITY MODIFIERS

Modifier	[RR]	RECORD REVIEW
Definition	Review of a child's medical, health, educational, and/or other records to determine the child's AzEIP eligibility based on (a) an Established Condition that meets AzEIP's eligibility criteria, or (b) developmental delay as documented by an evaluation(s) completed by a professional(s) unaffiliated with AzEIP.	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW	
Impact to Discipline-Specific Rate	Modifier does not affect the discipline-specific rate.	
Service Authorization	The child is referred, but AzEIP eligibility is not yet determined, and child has records to support a decision of AzEIP eligibility.	
Service Limitation	<p>Only for children whose eligibility is not yet determined, and records are available to determine eligibility.</p> <p>No more than 1 billable unit per eligibility decision.</p>	
Documentation	Child record.	
Rules	Modifier must be used with the clinic modifier.	

Modifier	[M]	MEETING
Definition	This modifier is used by core team members, service coordinators, psychologists, and social workers, when attending an initial, annual, 6 month or other IFSP meeting, Transition Conference, Preschool Eligibility Team (MET)/Eligibility Conference, and/or IEP meeting.	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW, SC	
Impact to Discipline-Specific Rate	Modifier does not affect the discipline-specific rate.	
Service Authorization	As needed to fulfill IFSP and transition steps under IDEA, Part C, and AzEIP policies and procedures.	

Service Limitation	This modifier is not used for team conferencing.
Documentation	Child record.
Rules	No additional rules beyond IDEA, Part C, and AzEIP policies and procedures.

Modifier	[D]	DATA
Definition	Child-specific data entry into I-TEAMS or other DES Data system. Data entry by the family's designated service coordinator, IFSP team member or someone entering data on behalf of the service coordinator or IFSP team members.	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW, SC	
Impact to Discipline-Specific Rate	Modifier does not affect the discipline-specific rate.	
Service Authorization	Child is referred, record is open, or within one month of record-closed or the child's third birthday.	
Service Limitation	Up to .25 units per child, per calendar quarter (January-March, April-June, July-September, and October –December). This cannot be used for billing activities, such as creating invoices or billing insurance.	
Documentation	I-Teams or other DES data system.	
Rules	If child-specific (demographic and service delivery) information data is entered by a data entry clerk on behalf of the AzEIP Service Coordinator or IFSP team members, the person does not need to meet the AzEIP qualifications.	

Modifier	[R]	REPORT WRITING
Definition	If evaluation was conducted to determine AzEIP eligibility, the multidisciplinary team writes the evaluation report, using the DES/AzEIP Evaluation Template.	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW	
Impact to Discipline-Specific Rate	Modifier does not affect the discipline-specific rate.	
Service Authorization	Child is referred, but not yet eligible for AzEIP and records to determine eligibility are not available, or child is eligible and IFSP team believes that the child may no longer meet AzEIP eligibility.	

	Parent has consented to evaluation and AzEIP evaluation is conducted.
Service Limitation	Must be billed at the clinic rate.
Documentation	DES/AzEIP Evaluation Template
Rules	Modifier is only available to the two disciplines who complete the AzEIP evaluation to determine initial eligibility or re-determine eligibility.

SECTION 4: SERVICE MODIFIERS

Modifier	[A]	ASSESSMENT
Definition	(a) the gathering and/or synthesis of information about a child's unique strengths and needs, which is documented on the IFSP Summary of Child and Family Assessment pages (b) identification of family resources, priorities and concerns related to their child's development, which is documented IFSP Summary of Child and Family Assessment page	
Use/Application	Prior to the development of initial and annual IFSPs. The new engagement of a non-Team Lead in coaching the Team Lead.	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW, SC	
Impact to Discipline-Specific Rate	Modifier does not increase or decrease the discipline-specific rate.	
Service Authorization	The child is determined AzEIP eligible during the Initial Planning Process, and prior to the initial IFSP. Immediately prior to or as part of the annual IFSP. As otherwise documented on the IFSP.	
Service Limitation	No more than 2 billable units per assessment, unless otherwise approved by DES/AzEIP. If the team member conducts an assessment during an annual IFSP meeting, the modifier for Meeting [M], NOT Assessment [A] is used.	
Documentation	Child record.	
Rules	Only for eligible children. If provided in accordance with the IFSP, the date of service must be	

	within 45 days of parental consent on the IFSP, or on or before the IFSP Planned Start Date if that date is greater than 45 days.
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Modifier	[E]	EVALUATION
Definition	See Appendix A. To determine initial eligibility or re-determine eligibility.	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW	
Impact to Discipline-Specific Rate	Modifier does not increase or decrease the discipline-specific rate.	
Service Authorization	<p>The child is referred, but AzEIP eligibility is not yet determined, and cannot be determined based on records.</p> <p>Screening or other information suggests that the child may be a child with a developmental delay, or the family has requested evaluation during the screening process.</p> <p>The IFSP team for an eligible child believes that the child may no longer be AzEIP eligible; evaluation is conducted to re-determine AzEIP eligibility.</p>	
Service Limitation	Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for AzEIP, and 2) to re-determine a child's continuing eligibility for the program	
Documentation	Child Record	
Rules		

Modifier	[AT]	ASSISTIVE TECHNOLOGY
Definition	See Appendix A.	
Discipline(s) that can use Modifier	OT, PT, SLP	
Impact to Discipline-Specific Rate	Modifier does not affect the discipline-specific rate.	
Service Authorization	IFSP.	
Service Limitation	Excludes Assistive Technology devices.	
Documentation	Child Record.	
Rules	NA	

Modifier	[CL]	SIGN LANGUAGE AND CUED LANGUAGE
Definition	See Appendix A.	
Discipline(s) that can use Modifier	SLP, in accordance with professional licensure and scope of practice.	
Impact to Discipline-Specific Rate	Modifier does not affect the discipline-specific rate.	
Service Authorization	IFSP	
Service Limitation	NA	
Documentation	Child Record	
Rules		

Modifier	[SC]	SERVICE COORDINATION (Dual role)
Definition	One discipline (individual) fulfills the role of Service Coordinator and Team Lead. See Appendix A.	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI,	
Impact to Discipline-Specific Rate	Modifier does not affect the discipline-specific rate.	
Service Authorization	Documented on the IFSP.	
Service Limitation	<p>Billable service coordination activities are identified in the contract and include:</p> <ul style="list-style-type: none"> ❖ coordinating the process of evaluations and assessments to determine initial and on-going eligibility ❖ participating in the development of the initial IFSP; ❖ facilitating 6-month reviews and annual Individualized Family Service Plans and transition plans; ❖ assisting families in identifying and accessing available agency and community supports and services; ❖ informing families of the availability of advocacy services; ❖ coordinating with community resources, medical and health providers, and; ❖ facilitating the development of a transition plan for preschool services, if appropriate. 	

Documentation	The AzEIP Service Coordination log must be completed for each contact and/or activity the service coordinator conducts directly with the family or on behalf of the family, including time spent on each activity.
Rules	The Contractor may only offer “dual role” service coordinator when the professional is both the Team Lead and the Service Coordinator. A professional from the team, other than the designated team lead, may not act in the dual role capacity.

SECTION 5: “SETTING” MODIFIERS

Modifier	[NH]	NATURAL - HOME
	[NC]	NATURAL - COMMUNITY
Definition	<p>Early intervention services shall, to the maximum extent appropriate to the needs of the child, be provided in the natural environment.</p> <ul style="list-style-type: none"> • Natural environments are those settings that are natural or normal for the child’s age peers who have no disabilities. • The natural rate is billed when the early intervention professional provides direct services to the child and/or family in the natural environment. • Travel time and mileage are not billed separately as they are built into the rate. • The unit rate also includes completion of documentation requirements, such as required licensure/insurance documentation. 	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW	
Impact to Discipline-Specific Rate	Modifier does affect the discipline-specific rate.	
Service Authorization	Initial Planning Process, as delineated in Chapter 5, and the child and family’s IFSP.	
Service Limitation	NA	
Documentation	Documents on the IFSP in the Service Setting, and in the child record.	
Rules		
Modifier	[C]	CLINIC (Other setting)

Definition	Service provided in a non-natural environment or provider location will be billed at the clinic rate. Early intervention may only be provided in an environment other than a natural environment when the outcomes cannot be achieved in a natural environment. In these rare instances, the Justification section of the IFSP must be completed, including the justification for the decision with a timeline to bring the service into the natural environment. The timeline should be no longer than <u>three</u> months. The unit rate includes completion of documentation requirements.
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW
Impact to Discipline-Specific Rate	Modifier does affect the discipline-specific rate.
Service Authorization	IFSP
Service Limitation	Initial Planning Process, as delineated in Chapter 5, and the child and family's IFSP.
Documentation	Child Record, including the IFSP justification for the provision of early intervention services in other than natural environments.
Rules	Must be documented, with justification on the IFSP, including a plan for transitioning to the natural environment.

SECTION 6: EDUCATIONAL LEVEL

Modifier	[HN]	BACHELOR'S DEGREE
	[HO]	MASTER'S DEGREE (OR HIGHER)
Definition	Based on the professional's highest degree attained.	
Discipline(s) that can use Modifier	DSI, SW	
Impact to Discipline-Specific Rate	Modifier does affect the discipline-specific rate.	
Service Authorization	NA	
Service Limitation	NA	
Documentation	NA	
Rules	NA	

CHAPTER 5

Initial Planning Process Billable Units

The Contractor shall bill no more than the maximum units identified below, per child, during each initial planning process function. The chart outlines unit utilization for potential functions during the initial planning process; not every function is implemented with each child referred and therefore not all units will be billed for each child. Additional units may be authorized only with prior approval from DES/AzEIP on an individual family/caregiver basis. The proceeding chapters provide the specific information needed to bill the IPP units.

Function	MAXIMUM Unit Utilization	
	Core Team, Psychology and Social Work	Service Coordination
1. REFERRAL: Receives referral (phone, fax, web), and, if appropriate, enters referral data.		0.5 Clinic
2. INITIAL HOME VISIT: If needed, schedules and completes a home visit to provide information about early intervention, including financial matters, and, if appropriate, gather consents, and conduct developmental screening.		2.0 not including travel time
3. AzEIP ELIGIBILITY:		
3a. If available, review records to determine if eligibility can be determined based on established condition, or recent, appropriate evaluation(s), or other records	1.0 Clinic	
3b. If needed, schedules and conducts a developmental evaluation – to determine AzEIP eligibility.	4.0 Natural across two team members	
3b(i): If evaluation was conducted to determine AzEIP eligibility, the multidisciplinary team writes the evaluation report, using the DES/AzEIP Evaluation Template.	1.0 Clinic	
4. AGENCY ELIGIBILITY: Coordinate with AzEIP service providing agency (ASDB, DDD) to determine if eligible for agencies and, if eligible, schedule initial IFSP meeting. If eligible, ensures family has appropriate Family Cost Participation materials.		1.0
5. FAMILY AND CHILD ASSESSMENT:		
If the child's eligibility is based on the review of records, the family and child assessment will be conducted by two professionals representing core team disciplines, psychology or social work. If service coordination is likely to remain with the contractor, the contractor's service coordinator <u>may</u> participate in the family and child assessment.	4.0 across two team members	2.0, not including travel time
If the child's eligibility is based on evaluation, the family and child assessment will be conducted by one of the professionals representing core team disciplines, psychology or social work who was involved in the evaluation, and the service coordinator (this may be DDD's or ASDB's service coordinator, if eligibility is known.) A second professional representing a different core team discipline, psychology or social work <u>may</u> participate in the family and child assessment.	4.0 across two team members	2.0, not including travel time
6. INITIAL INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP):		
If service coordination is likely or known to remain with the contractor, the contractor's service coordinator <u>will</u> participate in the IFSP, as will the core team, psychology or social work professionals involved in the family and child assessment.	3.0	1.5, not including travel time
If service coordination is provided by ASDB or DDD, the contractor's service coordinator <u>will not</u> participate in IFSP; the ASDB or DDD service coordinator will facilitate the IFSP. The core team, psychology or social work professionals involved in the family and child assessment will participate in the IFSP.	3.0	

CHAPTER 6
Team Conferencing

The Contractor shall bill no more than the maximum units identified below, per child, per calendar quarter.

Discipline (representing one individual)	Maximum Monthly Billing per Child	Maximum Quarterly Billing per Child
DSI	.25	.75
OT	.25	.75
PSYCH	.25	.75
PT	.25	.75
SC	.25	.75
SLP	.25	.75
SW	.25	.75
TOTAL	1.75	5.25

Appendix “A”

Definitions

1. **Assessment** - the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility and includes the assessment of the child and the child's family.

The assessment of the child must include:

- A. A review of the results of the evaluation, if conducted;
- B. Personal observations of the child; and
- C. The identification of the child's needs in each of the developmental areas.

The family-directed assessment is conducted to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's child in early intervention. The family-directed assessment is:

- A. voluntary on the part of each family member participating in the assessment;
- B. be based on the information obtained through the assessment tool and also through an interview with those family members who elect to participate in the assessment; and
- C. include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

2. **Contractor Services** include early intervention services that can be provided by the following disciplines:

- a. occupation therapist;
- b. physical therapist;
- c. psychologist;
- d. service coordinator;
- e. social worker;
- f. speech-language pathologist, and;
- g. developmental special instructionist.

3. **Core Team** - The following constitutes a core team:

- a. occupation therapist;
- b. physical therapist;
- c. speech-language pathologist; and
- d. developmental special instructionist (a.k.a. early interventionist or developmental specialist).

The core differs from the family's IFSP team, which may include some or all core team members. The IFSP team always includes the service coordinator. The core team reviews and discusses progress toward IFSP outcomes in order to support the team lead and other IFSP team members in developing and modifying strategies to obtain IFSP outcomes and respond to family questions. The family is invited to participate in core team discussion regarding their family. If the family participates in the core team discussion and an IFSP change is identified and agreed upon by the family, a revision may be made in accordance with AzEIP IFSP policies and guidance documents. In most circumstances, the core team will not make IFSP decisions and never without full participation of the parents.

4. DES database means the automated database of DES used to collect data for AzEIP. That database currently is the Arizona Child Tracking System (ACTS).
5. Early Intervention Services are those services identified in IDEA, Part C, which assist families in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life. Services are provided in the context of the family's typical routines and activities so that information is meaningful and directly relevant to supporting the child to fully participate in his or her environment. Early intervention services are:
- Are provided under public supervision;
 - selected in collaboration with the parents;
 - provided at no cost unless federal or state law provides for a system of payments by families, including a schedule of sliding fees
 - designed to meet the developmental needs of each child who is AzEIP eligible, and the needs of the family to assist appropriately in the child's development, as identified by the IFSP team, in any one or more of the following areas: (a) physical development; (b) cognitive development; (c) communication development; (d) social or emotional development; or (e) adaptive development;
 - meet Arizona standards including the requirements of IDEA, Part C;
 - include the early intervention services listed below;
 - provided by qualified personnel, including the individuals listed under "Qualified personnel";
 - to the maximum extent appropriate, are provided in a natural environments, including the home and community settings in which infants and toddlers without disabilities participate; and
 - provided in conformity with the Individualized Family Service Plan.

Early Intervention Services include:

- A. *Assistive technology device and service* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.

Assistive technology service means the service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive Technology services include:

1. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
5. Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
6. Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

B. *Audiology* includes:

1. Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;

2. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 3. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
 4. Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
 5. Provision of services for prevention of hearing loss; and
 6. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
- C. *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible for AzEIP in understanding the special needs of the child and enhancing the child's development.
- D. *Health services* means services necessary to enable an AzEIP eligible child to benefit from other early intervention services and as fully described in 34 C.F.R. §303.16.
- E. *Medical services* means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
- F. *Nursing services* includes the:
1. Assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 2. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
 3. Administration of medications, treatments, and regimens prescribe by a licensed physician.
- G. *Nutrition services* includes:
1. Conducting individual assessments in:
 - a. Nutritional history and dietary intake;
 - b. Anthropometric, biochemical, and clinical variables;
 - c. Feeding skills and feeding problems; and
 - d. Food habits and food preferences;
 2. Developing and monitoring appropriate plans to address the nutritional needs of children eligible for AzEIP, based on the findings in 1. above; and
 3. Making referrals to appropriate community resources to carry out nutrition goals.
- H. *Occupational therapy* includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:
1. Identification, assessment, and intervention;
 2. Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
 3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- I. *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

1. Screening, evaluation, and assessment of children to identify movement dysfunction;
2. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
3. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

J. Psychological services include:

1. Administering psychological and developmental tests and other assessment procedures;
2. Interpreting assessment results;
3. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related learning, mental health, and development; and
4. Planning and managing a program of psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

K. Service coordination services means those services to assist and enable a child and the child's family to receive services and rights, including procedural safeguards, required by IDEA, Part C. The AzEIP Team-based early intervention contractor appoints an AzEIP service coordinator upon referral who shall serve as the single point of contact for the family to coordinate all services required under IDEA, Part C across agency lines. Service coordination is an active, ongoing process that involves:

1. Assisting parents in gaining access to, and coordinating the provision of, the early intervention services required under IDEA Part C in a timely manner; and
2. Coordinating the other services identified on the IFSP that are needed by, or are being provided to, the child and his/her family.

Specific service coordination services include:

1. Assisting parents of children eligible for AzEIP in obtaining access to needed early intervention services and other services identified on the IFSP, including making referrals to providers for needed services and scheduling appointments for children and their families.
2. Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided.
3. Coordinating evaluations and assessments;
4. Facilitating and participating in the development, review, and evaluation of IFSPs;
5. Conducting referral and other activities to assist families in identifying available early intervention service providers;
6. Coordinating, facilitating, and monitoring the delivery of services required under IDEA, Part C to ensure that the services are provided in a timely manner;
7. Conducting follow-up activities to determine that appropriate early intervention services are being provided;
8. Informing families of their rights and procedural safeguards under IDEA, Part C and related resources;
9. Coordinating the funding sources for services required under IDEA Part C;
10. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

L. Sign language and cued language services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.

M. Social work services includes:

1. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

2. Preparing a social or emotional developmental assessment of the child within the family context;
3. Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
4. Working with those problems in the living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
5. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

N. *Special instruction* includes:

1. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
2. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the Individualized Family Service Plan;
3. Providing families with information, skills, and support related to enhancing the skill development of the child; and
4. Working with the child to enhance the child's development.

O. *Speech-language pathology* includes:

1. Identification of children with communicative or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delay in those skills;
2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or language disorders and delays in development of communication skills; and
3. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

P. *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible for AzEIP and the child's family to receive early intervention services.

Q. *Vision services* means:

1. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
3. Communication skills training for orientation and mobility training, for all environments, visual training, and additional training necessary to activate visual motor abilities.

6. Evaluation – means the procedures used by qualified personnel to determine a child's initial and continuing eligibility for AzEIP. An initial evaluation refers to the child's evaluation to determine his or her initial eligibility for AzEIP. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility for AzEIP. Procedures include:

- A. administering an evaluation instrument;
- B. taking the child's history (including interviewing the parent);
- C. Identifying the child's level of functioning in each of the developmental areas (cognitive development, physical development, including vision and hearing), communication development, social or emotional development, and adaptive development);

- D. gathering information from other sources such as family members, other care-givers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
- E. reviewing medical, educational, or other records.

Evaluation tools used must be interpreted as designed. Generally, two standard deviations below the mean or an age equivalent indicating 50 percent delay meets AzEIP eligibility criteria. Informed clinical opinion must also be utilized in every eligibility determination. Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for AzEIP, and 2) to re-determine a child's continuing eligibility for the program.

7. Individualized Family Service Plan (IFSP) is a written plan developed by a multidisciplinary team, including the parent, which includes:
 - A. Information about the child's present levels of physical (including vision, hearing and health status), cognitive, communication, social or emotional, and adaptive development based on information from that child's evaluation and/or assessments;
 - B. With agreement from the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of their child as identified through the family assessment;
 - C. The measurable outcomes or results expected to be achieved for the child (including pre-literacy and language skills as developmentally appropriate for the child) and family, including the criteria, procedures, and timelines that will be used to determine (1) the degree to which progress toward achieving the results or outcomes identified on the IFSP is being made; and (2) whether modifications or revisions of the outcomes or services are needed;
 - D. The early intervention services, based on peer-reviewed research (to the extent practicable) and resources necessary to meet the unique needs of the child and family to achieve those outcomes or results. For each early intervention service, the IFSP must include:
 - (1) The length (length of time during each session), duration (projection of when the child is expected to achieve the outcome on his/her IFSP), frequency (number of days or sessions), intensity (individual or group), and method of delivering each service (how a service is provided);
 - (2) The location (actual place or places) of the services;
 - (3) If a service is not provided in a natural environment, a justification as to why the service will not be provided in the natural environment, the plan to transition the service to the natural environment within six months or sooner, and strategies to support generalization and attainment of the outcome in a natural environment; and
 - (4) Payment arrangements;
 - E. Other Services, including medical or other services the child or family needs or is receiving through other sources, but that are neither required nor funded under Part C, early intervention. For services not currently being provided, include a description of the steps the service coordinator or family will take to secure those other services.
 - F. The name of the AzEIP service coordinator;
 - G. The steps to be taken to support the smooth transition of the child from early intervention services by age 3 to (i) preschool services under IDEA, Part B to the extent those services are appropriate or (ii) other services that may be available. Those steps include:
 - (1) Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition;

- (2) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;
 - (3) Confirmation that child find information about the child has been transmitted to the school district and Arizona Department of Education, unless the family has opted out of this automatic referral;
 - (4) With parental consent, child information has been sent to the school district or other early childhood programs to ensure continuity of services from AzEIP to those other programs, including a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP developed; and
 - (5) Identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child; and
- H. Signature of the parent, which provides consent for the early intervention services.

8. IFSP Team - the group of individuals who participate in each initial and annual IFSP and must include:
- A. the parent(s) or legal guardian of the child;
 - B. other family members, if requested by the parent(s);
 - C. an advocate or any other person outside of the family, if requested by the parent(s);
 - D. the designated AzEIP service coordinator;
 - E. the person(s) directly involved in conducting the assessment/evaluations; and
 - F. person(s) who will be providing services, if appropriate.

If a person(s) directly involved in conducting the assessments/evaluations is not able to attend a meeting, arrangements must be made for the person's involvement through other means, including:

- A. participating in a telephone conference call;
- B. having a knowledgeable authorized representative attend the meeting; or
- C. making pertinent records available at the meeting.

8. Individualized Education Program (IEP) meeting – the meeting held by the school district to develop the child's IEP to be effective on or before the child's 3rd birthday,
9. Initial Planning Process - the events and activities beginning with referral to AzEIP and include the referral, screening, evaluation, eligibility determination, and, if AzEIP eligible, assessment, identification of family priorities, resources, and interest, and the development of the IFSP. The initial planning process is a seamless experience for families accomplished through relationships with the minimal number of individuals accessing a breadth of expertise. The initial planning process and practices lay the foundation for developing the collaborative relationship between the family and AzEIP, through giving and gathering information to facilitate appropriate next steps.
10. Initial Referral - the first time a child, birth to three, is referred to the Arizona Early Intervention Program via a AzEIP Team-based model contractor, DES/AzEIP, DDD or ASDB for the purpose of determining if s/he is eligible for AzEIP as a child with a developmental delay or disability and who might need early intervention. The "initial referral" is complete when sufficient contact information is provided to identify and locate the child, e.g. name, address and/or phone number.
11. Rates
- *Natural Rate:* Early intervention services will, to the maximum extent appropriate to the needs of the child, be provided in the natural environment. Natural environments are those settings that are natural or normal for the child's age peers who have no disabilities.

(Early intervention may only be provided in an environment other than a natural environment when the outcomes cannot be achieved in a natural environment. The Justification page of the IFSP must be completed.) The natural rate is billed when the early intervention professional provides direct services to the child and/or family in the natural environment, and includes initial and ongoing assessments. Travel time and mileage are not billed separately as they are built into the rate. The unit rate includes completion of documentation requirements.

- *Clinic Rate:* Clinical rates may only be used when a service cannot be provided in the natural environment. In these rare instances, the Justification page of the IFSP will be completed, including the justification for the decision with a timeline to bring the service into the natural environment. The timeline should be no longer than three months. The clinic rate is billed in these circumstances. The unit rate includes completion of *documentation requirements*.
- *Evaluation Rate:* Each multidisciplinary evaluation team member may bill for his/her time conducting an evaluation, in-person (direct services) with families and one hour per team at the clinic rate, non-direct, for report writing. Travel time and mileage are not billed separately.
- *Service Coordination Rate:* Service coordination does not have a natural rate, as the majority of service coordination activities occur in the office setting. Service coordinators can bill for their travel time for conducting service coordination activities, which are activities conducted with the family.
- *Multiple Children Rates:* These rates apply when the service is provided to more than one child, such as when there are two eligible children who are twins or are in a foster home. The team lead and other team members must individualize services to reflect the family's priorities, identified functional outcomes, and expand caregivers' ability to support their children in the context of their routines. This framework promotes simultaneously engaging children as caregivers do throughout the daily routines, rather than working with children sequentially.

21. Team Lead is the primary service provider with expertise most relevant to the child's needs and the IFSP outcomes and is the primary partner with the family in the provision of services. The team lead's focus is on collaborative consultation and coaching of families as the primary intervention strategy to implement jointly-developed, functional IFSP outcomes in natural environments with ongoing coaching and support from other team members. The primary service provider does not single-handedly meet all the service needs of the child. The team remains in place, is involved in team decisions, and actively consults with the primary service provider, periodically visiting with the family as needed.

Appendix “B”

Rates

Attachment Rates*						
	Age	Setting	Base Rate	Tier 1 (10%)	Tier 2 (25%)	Tier 3 (50%)
Therapy Services	0-2	Clinical	\$59.21	\$65.13	\$74.01	\$88.82
		Natural	\$80.88	\$88.97	\$101.10	\$121.32
Therapy Services, 2 Children	0-2	Clinical	\$37.01	\$40.71	\$46.26	\$55.51
		Natural	\$50.55	\$55.61	\$63.19	\$75.83
Therapy Services, 3 Children	0-2	Clinical	\$29.61	\$32.57	\$37.01	\$44.41
		Natural	\$40.44	\$44.48	\$50.55	\$60.66
Therapy Evaluation	0-2	Clinical	\$177.63	\$195.40	\$222.04	\$266.45
		Natural	\$199.30	\$219.23	\$249.13	\$298.95
Developmental Special Instruction (Bachelor's)	0-2	Clinical	\$37.38	\$41.12	\$46.73	\$56.07
		Natural	\$52.87	\$58.16	\$66.09	\$79.31
Developmental Special Instruction (Bachelor's), 2 Children	0-2	Clinical	\$23.36	\$25.70	\$29.20	\$35.04
		Natural	\$33.04	\$36.35	\$41.30	\$49.56
Developmental Special Instruction (Bachelor's), 3 Children	0-2	Clinical	\$18.69	\$20.56	\$23.36	\$28.03
		Natural	\$26.43	\$29.08	\$33.04	\$39.65
Developmental Special Instruction (Master's)	0-2	Clinical	\$52.23	\$57.46	\$65.29	\$78.35
		Natural	\$71.93	\$79.12	\$89.91	\$107.90
Developmental Special Instruction (Master's), 2 Children	0-2	Clinical	\$32.65	\$35.91	\$40.81	\$48.97
		Natural	\$44.96	\$49.45	\$56.19	\$67.43
Developmental Special Instruction (Master's), 3 Children	0-2	Clinical	\$26.12	\$28.73	\$32.65	\$39.18
		Natural	\$35.96	\$39.56	\$44.96	\$53.95
Social Work (Bachelor's)	0-2	Clinical	\$26.09	\$28.70	\$32.61	\$39.13
		Natural	\$38.39	\$42.22	\$47.98	\$57.58
Social Work (Bachelor's), 2 Children	0-2	Clinical	\$16.31	\$17.94	\$20.38	\$24.46
		Natural	\$23.99	\$26.39	\$29.99	\$35.99
Social Work (Bachelor's),	0-2	Clinical	\$13.04	\$14.35	\$16.31	\$19.57

3 Children		Natural	\$19.19	\$21.11	\$23.99	\$28.79
	Age	Setting	Base Rate	Tier 1 (10%)	Tier 2 (25%)	Tier 3 (50%)
Social Work (Master's)	0-2	Clinical	\$37.48	\$41.23	\$46.85	\$56.22
		Natural	\$53.00	\$58.30	\$66.25	\$79.50
Social Work (Master's), 2 Children	0-2	Clinical	\$23.42	\$25.77	\$29.28	\$35.14
		Natural	\$33.12	\$36.44	\$41.41	\$49.69
Social Work (Master's), 3 Children	0-2	Clinical	\$18.74	\$20.61	\$23.42	\$28.11
		Natural	\$26.50	\$29.15	\$33.12	\$39.75
Psychological Services	0-2	Clinical	\$46.97	\$51.66	\$58.71	\$70.45
		Natural	\$65.17	\$71.69	\$81.47	\$97.76
Psychological Services, 2 Children	0-2	Clinical	\$29.35	\$32.29	\$36.69	\$44.03
		Natural	\$40.73	\$44.81	\$50.92	\$61.10
Psychological Services, 3 Children	0-2	Clinical	\$23.48	\$25.83	\$29.35	\$35.23
		Natural	\$32.59	\$35.84	\$40.73	\$48.88
Service Coordination	All	All	\$38.64	\$42.50	\$48.30	\$57.96

